

**Please indicate your provider(s) at Play to Grow:**

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**PRIVACY NOTICE ACKNOWLEDGEMENT**

To Our Patients:

Federal Law requires that we provide you with a copy of our Privacy Notice. This notice is available on our website@[www.weplay2grow.com](http://www.weplay2grow.com) in addition to copies provided within our office. The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document the receipt of this Notice.

As of September 23, 2013 our notice has been modified to reflect new HIPPA requirements. If you have questions about the Privacy Notice please feel free to direct these to your providers at any time.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

***Patient or Responsible Party (if under 18) to complete this section:***

I have received a copy of the Privacy Notice for this organization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_